

Atty. Docket No. SLU02 P-303
7/9/03

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper, together with all enclosures identified herein, are being sent by facsimile to the Commissioner for Patents, at 703/746-7239, on the date indicated below. A total of 11 pages should be received.

07/09/03

Date

Catherine M. Updegraff

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2123
 Examiner : Fred O. Ferris, III
 Applicant : G. Douglas Antuma
 Appln. No. : 09/483,542
 Filing Date : January 14, 2000
 Confirmation No. : 8523
 For : VOLUME DETAILED BUILDING STRUCTURE

Office Action

7/9/03

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Enclosed is a response to the Office Action dated January 10, 2003. The items checked below are appropriate:

Applicants hereby petition for a three months extension of time to respond to the above Office Action. The fee of \$465.00 for the Extension is enclosed.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	26	Minus	26	= 0	x \$9	\$ 0.00	x \$ 18	\$ 0.00
Independent Claims DA	0000003 162463 09483542 3	Minus	3	= 0	x \$42	\$ 0.00	x \$ 84	\$ 0.00
First Presentation of Multiple Dependent Claims \$140					\$ 0.00	x \$280	\$ 0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 0.00		\$ 0.00	

07/18/2003 THALL
01 FC:2253

Applicant : G. Douglas Antuma
Appn. No. : 09/483,542
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Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.

No additional fee is required.

A fee of \$465.00 to cover the cost of the extension of time should be charged to Deposit Account 16 2463.

A fee of \$_____ to cover _____ is enclosed.

A check for \$_____ to cover the above fee(s) is enclosed.

Please charge any additional fees or credit overpayment to Deposit Account 16 2463.
A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

07-09-03
Date


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MRL/cmu